

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36571

State File No.

Registrar's No.

FILED DES 06 1945

Registration District No.

Primary Registration District No. 5103

1. PLACE OF DEATH:

(a) County Benton
(b) City or town Warsaw Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 years (Specify whether years, months or days)
In this community 10 years

3. (a) PRINT FULL NAME JOSEPH P. LAMBERT

3. (b) If veteran, name war ~ 3. (c) Social Security No. ~

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife ~ 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased Feb 17 1864 (Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days 28 If less than one day hr. min.

9. Birthplace Warren Co Ill (City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business

12. Name Jacob Lambert
13. Birthplace Veri (City, town, or county) (State or foreign country)
14. Maiden name Sarah Lindsay
15. Birthplace Veri (City, town, or county) (State or foreign country)

16. (a) Informant Devere Lambert
(b) Address Warsaw Mo RR #1

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-15-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Charles E. Beck
(b) Address Chantown

19. (a) 11-19-45 (Date received local registrar) (b) Jas. T. Logau (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Benton
(c) City or town Warsaw Mo "Rural" (If outside city or town limits, write "RURAL")
(d) Street No. RR #1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Nov day 15 year 1945 hour 9 PM minute ~ M.

21. I hereby certify that I attended the deceased from never 19 ~ to never 19 ~
that I last saw him alive on never 19 ~
and that death occurred on the date and hour stated above

Immediate cause of death accidental burn

Due to house burning

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 1875

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 11-15-1945
(c) Where did injury occur Warsaw Benton Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? in home on farm (Specify type of place) (e) Means of injury

23. Signature Dr. Devere Lambert (M. D. or other) 3
Address Cole Camp Mo Date signed 11-16-45

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER, FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
[] No. 7,
Disc. 11-45-1149
Date Filed 12-4-45

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed J. E. Consolator
Licensed Embalmer No. 1891
P. O. Address Clinton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Dec
26

Registration District No.

30

Primary Registration District No.

510 31

Registrar's No.

26

1. PLACE OF DEATH:

- (a) County Benton
 (b) City or town Warsaw Rural Lindberg
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution

(Specify whether

In this community
years, months or days)3. (a) PRINT
FULL NAMEJoseph P. Lambert

3. (b) If veteran

name war

3. (c) Social Security

No.

4. Sex

m

5. Color or

race

w

6. (a) Single, widowed, married

divorced

wid

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive

7. Birth date of deceased

Feb. 17

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

81924min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State (b) County

- (c) City or town
-
- (If outside city or town limits, write "RURAL")

- (d) Street No.
-
- (If rural, give location)

- (e) Citizen of foreign country? (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month

year 1945 hour minute M.

21. I hereby certify that I attended the deceased from

that I last saw him alive on

and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)

- (b) Date of occurrence

- (c) Where did injury occur?
-
- (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
(c) Means of injury

23. Signature (M, D, or other)

Address Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

36571;